



## LEAD RISK ASSESSOR CERTIFICATION APPLICATION

**DO NOT WRITE IN THIS BOX - FOR HEALTH DEPARTMENT USE ONLY**

**Date Rec'd:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Amount \$** \_\_\_\_\_ **Budget #7C790-085** **Remittance #** \_\_\_\_\_

A person must be certified by the department as a Lead Risk Assessor to engage in lead risk assessment or lead hazard screens in target housing and child-occupied facilities in accordance with 25 TAC §295.207. A fee of **\$300.00** must accompany this application unless fee-exempt. Send a cashier's check or money order payable to "Texas Department of Health - 7C790-085." **DO NOT SEND PERSONAL CHECKS, COMPANY CHECKS, OR CASH. Certification fees are nonrefundable except as prescribed in §295.205(f)(2) and are due annually to continue certification for up to three years.** Complete all blocks below (print or type only) and supply all the required documentation listed on this form.

☐ **FEE EXEMPT** - Check this box if you are submitting this application as a federal, state, or local government employee in order to obtain certification for the execution of official government duties only, as per §295.216(b) of the TELRR. Your name and certification status will not appear on the general distribution lists for advertising purposes.

ALL CORRESPONDENCE IS MAILED TO THE RESIDENTIAL ADDRESS UNLESS OTHERWISE INDICATED OR THE CERTIFICATION IS FEE-EXEMPT. CHECK THE BOX BESIDE THE BUSINESS ADDRESS IF YOU CHOOSE TO HAVE CORRESPONDENCE MAILED TO THIS ADDRESS.

Mr.

Ms.

- - ( )

Applicant Name (Last, First, M.I.)

Social Security No.

Telephone Number

Residence Address

City

County

State

Zip

Business Name or Organization Affiliation (if any)\*

( )

Telephone Number

☐

Business or Organization Affiliation Address

City

County

State

Zip

\*All businesses engaged in or offering to perform lead-based paint activities in target housing and child-occupied facilities must be certified as a Lead Firm by the department in accordance with 25 TAC §295.211 and are not exempt from certification fees.

A copy of the verifiable documentation listed below **MUST BE SUBMITTED** to the department in accordance with §295.207 of the Texas Environmental Lead Reduction Rules. Please place a check (T) in the designated boxes below which correspond to the documentation you are submitting with this application:

- ☐ 1. A Lead Inspector course completion certificate and a Lead Risk Assessor course completion certificate from a department-accredited training provider [§295.207(b)(1)(A)];
- AND**
- ☐ 2. A copy of your Lead Risk Assessor examination results you received from the department indicating a passing score of at least 70% correct obtained within six months of receiving a Lead Inspector and a Lead Risk Assessor course completion certificate [§295.207(b)(1)(B), §295.207(c)(5)];
- AND**
- ☐ 3a. Bachelor's degree and one year of experience in a related field (e.g. lead, asbestos, public health, environmental remediation work, or building construction trades) [§295.207(b)(1)(C)(i)]; **OR**
- ☐ 3b. An associate's degree and two years of experience in a related field (e.g. lead, asbestos, public health, environmental remediation work, or building construction trades) [§295.207(b)(1)(C)(ii)]; **OR**

- ☐ **3c.** A high school diploma (or equivalent), plus at least three years of experience in a related field (e.g. lead, asbestos, public health, environmental remediation work, or building construction trades) [§295.207(b)(1)(C)(iii)]; **OR**

☐ **3d.** Certification as an industrial hygienist, an engineer, a public health nurse, a professional registered sanitarian, a certified safety professional, a registered architect, or an environmental scientist [§295.207(b)(1)(C)(iv)].

## APPLICANT VERIFICATION OF INFORMATION

**I certify that I have read the Texas Environmental Lead Reduction Rules 25 TAC §§295.201-220. I declare that I have examined this application and accompanying documents and to the best of my knowledge and belief, all information provided is complete, true, and correct, and will forward any changes to data in this application to the Texas Department of Health within 30 days of that change. I acknowledge that any falsification or misrepresentation in attempting to obtain department certification may result in the denial of my application or decertification.**

|   |
|---|
|   |
| <div style="display: flex; justify-content: space-between; padding: 5px;"> <span><b>Signature of Applicant</b></span> <span><b>Date</b></span> </div> |

**Date**

## IMPORTANT

**APPLICATIONS WILL NOT BE CONSIDERED COMPLETE IF NOT SIGNED BY THE APPLICANT, ALL QUESTIONS ANSWERED, AND ALL REQUIRED DOCUMENTATION AND APPROPRIATE FEE SUBMITTED.**

**NOTE:**

- Mail the application, check and documentation to: Environmental Lead Branch, Certification Section, Toxic Substances Control Division, Texas Department of Health, P.O. Box 149200, Austin, Texas 78714-9200.
- If your application is complete, allow a minimum of three weeks for processing your application.
- In cases of a deficient application, the applicant will be notified in writing within 60 days from the date the department receives the application indicating what additional information and/or documentation is required. From the date of this Deficiency Notification, the applicant shall have 90 days to provide the correct information and/or documentation requested, otherwise the application will be denied in accordance with section 295.205(c)(4) of the Texas Environmental Lead Reduction Rules.

## SUGGESTED FORMAT FOR DOCUMENTING LEAD-RELATED EXPERIENCE

Applicant's Name

Social Security No.

Submission Date

## DATES OF EMPLOYMENT

**EMPLOYER NAME,  
ADDRESS & PHONE #**

### JOB TITLE & DUTIES PERFORMED

**EXAMPLE TYPICAL PROJECTS  
& VERIFICATION CONTACTS, OR  
SUPERVISOR (Include Phone #)**

[illegible]